

SERIAL NO. **10/070366** FILING DATE

APPLICANT(S)

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

CLAIMS

AS FILED	AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.			
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48							
49							
TOTAL IND.							
TOTAL DEP.	36	23	23	24			
TOTAL CLAIMS	38	34	34	35			

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS